

- REGISTRATION FORM -

Nebraska State Incentive Cooperative Agreement (SICA) "Creating Effective Community Substance Abuse Prevention Plans, Part II"

Regional Trainings from 9am to 4pm at the following locations:

1. Monday, February 16- Scottsbluff's Hampton Inn and Suites, 301 West Hwy 26.
2. Tuesday, February 17- North Platte's Holiday Inn Express, 300 Holiday Frontage Rd.
3. Wednesday, February 18 - Kearney's Country Inn & Suites, 105 Talmadge Street
4. Thursday, February 19- Norfolk's Holiday Inn Express, 920 S. 20th St.
5. Friday, February 20 - Lincoln's Villager Hotel, Lincoln Ballroom, 5200 "O" St.

REGISTRATION INFORMATION:

Name: _____

Address: _____
Street City Zip

Profession / Employer: _____

Telephone: _____ **Fax:** _____

Email: _____

Do you work with, or are you a member of any community coalitions? ☐ Yes ☐ No

If so, what coalition(s)? _____

I Will Attend the Training On:

- ☐ February 16th, in Scottsbluff
- ☐ February 17th, in North Platte
- ☐ February 18th, in Kearney
- ☐ February 19th, in Norfolk
- ☐ February 20th, in Lincoln

PLEASE NOTE: If you have a compelling circumstance and would need to request lodging assistance in order to attend this training, please check below:

☐ I would like to request lodging assistance. Please send me an application form.

If you have special dietary needs, please check below and list:

☐ My dietary needs are _____

Registration Forms Must Be Received By February 11, 2004.
Return Registration Forms to the Attention of Faith Mills
Fax: (402) 479-5162 Email: faith.mills@hhss.state.ne.us
Address: HHS/OMHSAAS P.O. Box 98925, Lincoln, NE 68509-8925